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| **Superior Court of Washington County of** |  |
| In the Guardianship/Conservatorship of:    Respondent | **Case No**.  **Declaration of Completion of Guardian/Conservator Training** |

# Motion

## [ ] I have been appointed: [ ] I am seeking appointment: [ ] Full [ ] Limited Guardian

[ ] Full [ ] Limited Conservator

[ ] Full [ ] Limited Guardian and Conservator

Dated: Signature

Print name

# Declaration of Completion

I have successfully completed the court approved training on the authority and responsibilities of guardians for adults and conservators for adults or minors.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) , (state) on (date) .

Signature Print name